

CITY OF RAMSEY - 2017 - APPLICATION FOR PEDDLER/SOLICITORS/TRANSIENT MERCHANT LICENSE

Return this completed application along with \$100.00 + \$35.00 per person License Fee to: City of Ramsey

7550 Sunwood Drive NW Ramsey, MN 55303

Make check or money order payable to the "City of Ramsey".

1) FULL Name of Business: _____

2) Employer's FULL Name: _____ Last First Middle Name

3) Business Address: _____ Street, Box, Route City State ZIP

4) Business Phone Number(s): _____

5) Applicant's FULL Name: _____ Last Name First Name Middle Name

6) Applicant's Phone Number(s): _____ Email Address: _____

7) Applicant's Date of Birth: _____

8) Applicant's Place of Birth: _____

9) Applicant's Address: _____ Street, Box, Route City State ZIP

10) Applicant's Position With Company: _____

11) Brief description of nature of business and goods to be sold: _____

12) Period of time in which activities will be conducted: _____

13) Source of supply of goods or property proposed to be sold: _____

14) Method of delivery if peddler, or location of sales site and permission slip from property owner if transient merchant: _____

15) Other communities where licenses are or have been held: _____

16) List below any felonies or gross misdemeanors or any crimes of theft or issuance of a worthless check of which you were convicted of within the ten (10) most recent years and the nature of the crime or crimes of which you were convicted: _____

17) Have you taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? _____. If yes, explain: _____

18) List below **FULL** names, dates of birth, and driver's license numbers and State of Issue of all employees other than the above applicant who will be selling these goods in the City of Ramsey: _____

19) Do you reside in Ramsey and have your home as a base for your business? Yes: _____ No: _____

If yes, what is the present zoning of the property? _____

If you reside within the city limits of Ramsey and your principal place of business is at your home, you may be subject to certain zoning regulations and you may have to apply for a conditional use permit.

20) Please list other cities you have conducted business in: _____

21) Please fill out **COMPLETELY** the attached forms that are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota Statute Sections 270.72 and 176.182. Applications will not be accepted until these forms are filled out completely.

22) In order to permit the verification of the information required by City Code, any person required to submit information as herein set forth shall not engage in selling or in making calls as described in the City Code until seven (7) days have elapsed after submitting the application. Licenses are good for the calendar year and must be renewed each year. The **LICENSE FEE OF \$100.00** shall be paid at the time of application. Also required is proof of insurance for your company.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____

Date: _____

This license will take effect as early as January 1, 2017 and will expire on or before December 31, 2017. Transient Merchants are permitted for a maximum of 60 days in a calendar year. The license fee of \$100.00 must be paid at the time of application. The \$35 per person fee applies to Peddlers & Solicitors only – not Transient Merchants.

DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY

Received on _____

Receipt # _____

Approved on _____

Zoning Approval _____

Comments:

Form SP:CI

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: Peddler/Solicitor/Transient Merchant License

Licensing Authority: City of Ramsey
(Name of City, County, or State Agency issuing License)

License Renewal Date: January 1, 2018

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

	City	State	ZIP
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Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____

	City	State	ZIP
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Minnesota Tax Identification No.: _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature	Position (Officer, Partner, etc.)	Date
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**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses, and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____
(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() I am self-insured (include permit to self-insure)

() I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

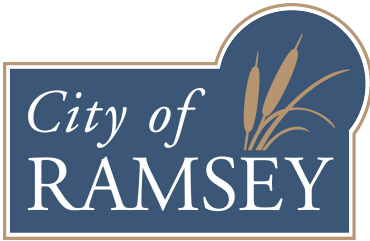
Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: () _____

(Signature) Date: _____

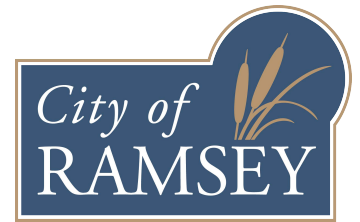


The City of Ramsey conducts background checks on all peddler/solicitor/transient merchant applicants wishing to conduct business within the City. Please fill out the attached authorization form in its entirety – including your signature, attach a copy of your identification (Driver’s license, State ID, or Military ID) and return it with your application.

If you have any questions, please contact Jo Thieling, City Clerk, at 763-433-9840 or jthieling@ci.ramsey.mn.us.

Thank you.

**CITY OF RAMSEY
CITY CLERK'S OFFICE
REQUEST FOR BACKGROUND CHECK INFORMATION**



DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Individual Background Check to Include: Criminal History, Drivers License Check, Outstanding Warrants

Please Print

Type of License Applied For: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information to the City Clerk's Office for the purpose of licencing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Signature _____
Date

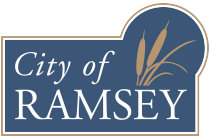
FOR OFFICE USE ONLY

Approved Denied

Checks: Criminal History Driver's License Warrants

Comments:

Application Processed by: _____ Date: _____



CITY OF RAMSEY
TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name